

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CONTRACEPTIVE TRANSCERVICAL
FALLOPIAN TUBE OCCLUSION DEVICES AND
THEIR DELIVERY

Attorney Docket Number:: 016355-002440US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Julian
Middle Name::
Family Name:: Nikolchev
Name Suffix::
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 251 Durazno Way
City of Mailing Address:: Portola Valley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dai
Middle Name::
Family Name:: Ton
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1693 Flickinger Avenue
City of Mailing Address:: San Jose

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Amy
Middle Name::
Family Name:: Thurmond
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: US
Street of Mailing Address:: 12031 So. West Breyman Avenue
City of Mailing Address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97219

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 09/591,874	Continuation of Continuation of	09/591,874 08/474,779	06/12/00 06/07/95

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Conceptus, Inc.
Street of mailing address:: 1021 Howard Avenue
City of mailing address:: San Carlos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94070